

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

Name Walker Jeffery E

(Last) (First) (Initial)

Prisoner Number F 11343

Institutional Address CALF, P.O. BOX 2000
VACAVILLE CA. 95696-2000

**UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA**

Jeffery Eugene Walker
 (Enter the full name of plaintiff in this action.)

vs.

John doe 1, John doe 2
Jane doe 1 captain
gene doe 1 supervisor mental
city state, county of San Francisco
 (Enter the full name of the defendant(s) in this action)

CV

08

0801

Case No. _____
 (To be provided by the clerk of court)

**COMPLAINT UNDER THE
 CIVIL RIGHTS ACT,
 42 U.S.C §§ 1983**

E-filing

(PR)

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement _____

B. Is there a grievance procedure in this institution?

YES ☒ NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES ☒ NO ()

D. If your answer is YES, list the appeal number and the date and result of the appeal at _____

COMPLAINT

- 1 -

See: Internal Affairs Info

each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal _____

2. First formal level _____

3. Second formal level _____

4. Third formal level _____

E. Is the last level to which you appealed the highest level of appeal available to you?

YES () NO ()

F. If you did not present your claim for review through the grievance procedure, explain why. *Internal Affairs*

II.

Parties

*Jeffrey Walker #11343, CMF P.O. Box 2000
Vacaville CA 95696-2000*

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

*Captain Jane doe San Francisco County Jail
Gonedoe, John doe 1, John doe 2.*

850 Bryant Street San Francisco CA 94103

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

1 *see: Added page*

2
3
4 III. Statement of Claim

5 State here as briefly as possible the facts of your case. Be sure to describe how each
6 defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any
7 cases or statutes. If you have more than one claim, each claim should be set forth in a separate
8 numbered paragraph.

9 *see: Added page*

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22 IV. Relief

23 Your complaint cannot go forward unless you request specific relief. State briefly exactly what
24 you want the court to do for you. Make no legal arguments; cite no cases or statutes.

25 *see: Added page*

Grounds:

1 Violations of Eight Amendment Deliberate Indifference and Neglegence to

2 Provide safe housing

3

4 III. Statement of claim

5

6 Between the mounths of May 25-05 Until January-17-06 Plaintiff was suffering

7 from a paranoid mental health state and depression and told Jail officers John

8 doe 1 John doe 2 and jane doe 3 that he was feeling like hurting himself or

9 others.

10

11 Plaintiff was moved into a housing that had a potential threstning sittuation

12 Plaintiff told staff officers John doe 1 John doe 2 and John doe three not to

13 place him in that cell because of suicidal thoughts and thoughts of hurting

14 others.

15

16 3 Officers John doe 1 John doe 2 and john doe three stated that there was noth-

17 ing that they could do because Captain Jane doe 2 told them to place me in cell

18 with Inmate Emette .

19 4. Staff new this was a threatning sittuation and had failed to notify mental

20 health .

21 As a reselt plaintiff cut his wrist with a razor blade .

22 5. Plaintiff was taken to medical were medical staff were told by plaintiff

23 and officers John doe 1 john doe 2 that plaintiff was feeling suicidal and

24 had thoughts of hurting others.

25

26 Denial of Mental health Treatment:

27 The medical staff John doe four called mental health Gene Doe and Gene doe

28 told medical to send plaintiff back to his cell and was specificalty told

not to send plaintiff to CJ* Mental health.

Plaintiff was taken back to the same threatening situation at that cell and a few minutes later plaintiff sliced his wrist again with a razor.

8. John doe 1 John doe two took plaintiff back to medical. Medical John doe and Jane doe called the captain because plaintiff needed to go to hospital to get stitches.

9 Captain Jane doe called plaintiff names causing severe mental health issues and told plaintiff to Just do it right and kill himself.

10. Plaintiff was taken to San Francisco general hospital and recieved stitches and was immediatly brought back to the jail and placed back in the same cell in violation of mental health policy.

11. Plaintiff then cut his wrist a third time and was sent back to the hospital The hospital Admitted plaintiff on a 51/50 hold for mental health evaluation 7 1 plaintiff recieved neww stitches.

Several days later plaintiff was taken back to jail and placed back in same cell until a few minutes later plaintiff cut his wrist again with a razor.

12. plaintiff was taken back to the hospital.

Captan Jane doe and mental health supervisor gene doe failed to intervene to prevent self mutalation and suicidal attempts. Therefore they are being sued in there offical and medical capacity.

All defendents acted and continue to act under color of state law at all times during these events.

Plaintiff was suffering from mental health issues and both medical mental health and the county jail failed to provide safe housing as a patient.

Because of there neglegence in failing to prived such plaintiff injured himself with life time injuries.

Both staff deliberatly, wilfully and Intentionaly d&esregarded plaintiffs needs to be placed in appropriate housing as described under guidlines suicide acts

1 I swear under penalty of perjury that the foregoing statements are true to
2 my best ability to recall these events.

3 X-----*Jeffery Winters*----- Date *1-28-08*
4 *Jeffery Winters*
5 Prayer for relief

6
7 Demand for Jury trial

8
9 Compensatory damages in the following amounts:

10 100.000 dollars Jointly against all defendants for the injuries pain and
11 suffering as well as mental health issues in which plaintiff will be affected
12 for life.

13 100.000 dollars against all defendants medical and mental health department
14 for failing to intervene in a crisis situation and suicide attempt were
15 more than once plaintiff cut himself causing injury with a razor.

16
17 Punative Awards

18 In the Following amounts:

19 \$0.000 dollars each against Captain Jane doe and Gene doe Mental health
20 for allowing these acts to go on and not stopping it.

21 and any other judgement the court deems appropriate that I don't know of
22 grant such relief as it may appear plaintiff is entitled.

23
24 *See: EXHIBIT (A) medical reports, S.F.G.H*
25 *supporting claim*
26 *EXHIBIT (B) mental health diagnosis*
27
28

Request For Counsel

Reasons Noted for request

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2
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4 1. I am an E.O.P Inmate at vacaville State prison. E.O.P Is Extended out patient
5 Program for mental health patients who have mental illnesses that in able to
6 to function on a main line.
7 2. My mental illness as noted in exhibit causes me to not stay focused were I
8 loose my concentration and or am so depressed that I just dont finish what I
9 Start.
10 3. Also because of the seriousness of the claim against both the medical mental
11 health department Makes it unlikely I could Investigate the facts and gather
12 witnesses who were present at the time.
13 A. This will also require Extensive documentary discovery, depositions of jail
14 and mental health officials. or access to witnesses I cannot get to, such as,
15 inmates thats been released or sent to various prisons etc.
16 please note that the Sanfrancisco general hospital has a policy stating they
17 no longer will give incarcerated inmates copies of medical or mental health
18 records.
19 B there will be possible conflicting evidence implicating the need for cross
20 examination, will be important to the case. I do expect the facts to be dis-
21 puted as I am now an inmate in prison to were the defendant will have exper-
22 ienced attornees who will use this against me in defense to get away from
23 the issues at hand complained of.
24 C there are factors legaly that will and have presented great difficulty for
25 me when it comes to research, I have never graduated and my mental health con-
26 dition will gravely affect me.
27 D there are also complex and difficulty of the case. were Im not sure who all
28 to sue and what all laws cival violated

Continued Page On

Request for Counsel

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E.Also the fact that the case will be tried infront of a jury presents a problem.I do not have a high degree of trial skills.

F.Infact Tommorow I may not even feel like responding to any court orders because of my mental condition.

Well This request is respectfult submited.

Thank You

While at sanQeuntin State Prison I had Been Under mental health treatment and
Have been having problems mental health wise were I suffer from several mental
That have cuased me not to be able to concentrate or complete projects nor do
I stay focused.I am still Under treatment but am doing my best to try and file
this complaint.

I wrote the jail and requested Forms to No avail.They refuse to respond to any
of my letters.

So I contacted Internal Affairs 415 554-2380 Agent Quantico who came to The
Prison and Interviewed me concerning this claim and several other claims I told
Them about.

I Jeffery Walker Swere under Penalty of Perjury the foregoing statement is True

X- Jeffery Walker -----Date----- 1-13-08 -----

You can call the number noted above and ask for Agent Quantico

1
2
3
4 I declare under penalty of perjury that the foregoing is true and correct.

5
6 Signed this Ten day of 28, 2008

7
8 
9 (Plaintiff's signature)

Medical reports

EXHIBIT (A)

fornia Medical Facility

PSYCHIATRIST PROGRESS NOTE

Department of Corrections and

Page 2

Subjective

This pt has a hx of self injurious behavior

In the past year pt had one episode of cutting himself with a razor 3 times in one day which

included reopening sutures - not partial cutting of a tendon. He reports he only ~~cuts~~ reacts to these impulses when

Objective

double cell, when single cell no hx of self injurious behavior. no hx of self injurious behavior outside of prison.

MSG (+) severe anxiety (+) poor impulse control.

(+) horrible identity when double celled, no overt psychosis. Spk is coherent & logical. good composites, good attention.

Assessment

insight from judgment.

Axis I Impulse control disorder
prev Anxiety disorder severe

Axis II Personality Disorder (paranoid + borderline features)

Plan

pt refuses psychiatric medications at this time
he stated when double celled I wish to
remain silent. Rec

Polypharmacy/Medication not matching Diagnosis

As to EOP LOC with
temporarily single cell.

Date 12/4/06

Psychiatrist

James

PSYCHIATRIST PROGRESS NOTES

MH 3

Page 2

Confidential Patient/Client Information

Department of Corrections
and Rehabilitation

State of California

LEVEL OF CARE

GP

CDC# F11343

Last Walker

First Jeffery

DOB 9/18/63

Institution

CMF

Eth Bla

House

I-132u

UCDAVIS
HEALTH SYSTEM
TELEMEDICINE

~~HP 345~~

February 08, 2006

RE: WALKER, JEFFREY
MR#: 1803979
DOB: 09/18/1963
Date of Service: 02/08/2006
CDC# F11343

Donald Calvo, M.D.
California Department of Corrections
San Quentin State Prison
San Quentin, CA 94964

Dear Dr. Calvo:

Thank you very much for requesting a consultation on behalf of Jeffrey Walker, whom I had the pleasure of seeing in Orthopedic Telemedicine Clinic.

History Of Present Illness:

As you know, Mr. Walker is a gentleman who had a self-inflicted laceration wound to his left wrist on 01/17/2006. He was evaluated at San Francisco General Hospital where they felt that he had a partial flexor tendon laceration with probable compressive neuropathy and not a nerve transection. He had a superficial laceration repair, was put in an extensor wrist brace, and was given ibuprofen for the pain and discomfort. He is here for a postoperative check. He is right-handed. He has never had a history of wrist lacerations or problems like this in the past. He initially was taken ibuprofen, but is discontinued. He has a complaint of the inability to fully make a fist at this stage. He has some intermittent paresthesias affecting his fingertips, no significant motor weakness. At this stage, he feels like he is having some improvement in his ability to move the fingers. The paresthesias are indeed intermittent. He cannot fully make a fist.

Past Surgeries:

1. Status post some sort of abdominal surgery as a child.
2. Left wrist superficial laceration repair.

Medical Illnesses:

Medical illnesses include adjustment disorder, hypertension, partial left flexor tendon laceration.

Medications:

Ibuprofen.

Allergies:

Vistaril and Elavil.

Family History:

Noncontributory.

Social History:

He is incarcerated.

HP345 → 1/10/03

RE: WALKER, JEFFREY
MR#: 1803979

Page 2

Review of Systems:

I refer to the paper medical record.

Physical Examination:

On physical examination, he is an alert, pleasant, cooperative gentleman with his left wrist in an extensor-type brace. There is a well-healed surgical scar in the flexor tendon area of the wrist. Motor and sensory testing of radius, ulnar, and median nerves reveal intact strength and normal sensation. He is able to curl his fingers easily. He is not able yet to make a fist. He is able to extend the fingers completely.

Assessment:

Superficial wrist flexor partial tendon laceration. Good motor and sensory control at this point.

Plan:

I would like to obtain and EMG and nerve conduction studies two months from the time of the injury, which would be approximately mid to late March. I explained to Mr. Walker that I feel that he clearly does not have a complete nerve transection, but there is evidence of a compressive neuropathy. I feel at this stage that he should continue to be in the splint for an additional two weeks minimum, possibly two to four weeks. I have recommended vitamin C and glucosamine to help the tendon to heal with proper nutritional support. I would like to see him back after the nerve conduction studies. AT that point, he may be a good candidate for hand therapy.

The patient was educated in the impression and the plan of care.

Thank you very much for your kind request for consultation.

Sincerely yours,

JEFFREY L TANJI, MD
ASSOCIATE MEDICAL DIRECTOR
DIVISION OF UCDHS PRIMARY CARE NETWORK
DEPARTMENT OF SPORTS MEDICINE
THIS WAS ELECTRONICALLY SIGNED - 02/09/2006 10:50 AM PST BY:

JLT:js(ml006)

D: 02/08/2006 10:14 AM
T: 02/09/2006 10:07 AM
C#: 1610317

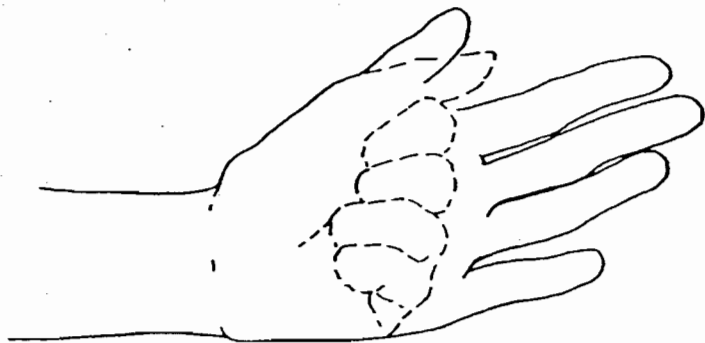
Mr. Walker

7/7/06

Occupational Therapy
Home Exercise Program

FINGER - 34

Flexor Tendon Gliding (Active Full Fist)



Start with fingers straight,
make a fist bending all joints of fingers.

Repeat 10 times. Do 2 sessions per day.

Copyright VHI 1993

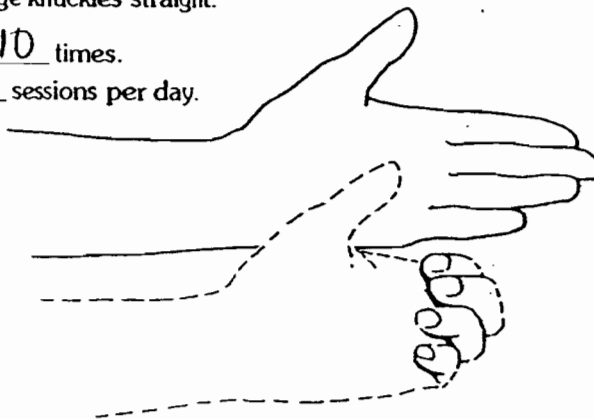
FINGER - 33

Flexor Tendon Gliding (Active Hook Fist)

With fingers and knuckles straight, bend middle and tip joints.
Keep large knuckles straight.

Repeat 10 times.

Do 2 sessions per day.



Copyright VHI 1993

FINGER - 36

PIP / DIP Composite Flexion (Passive Stretch)

Use other hand to bend
middle and tip joints
of each finger.

Hold 5 seconds.

Repeat 10 times.

Do 2 sessions per day.



Copyright VHI 1993

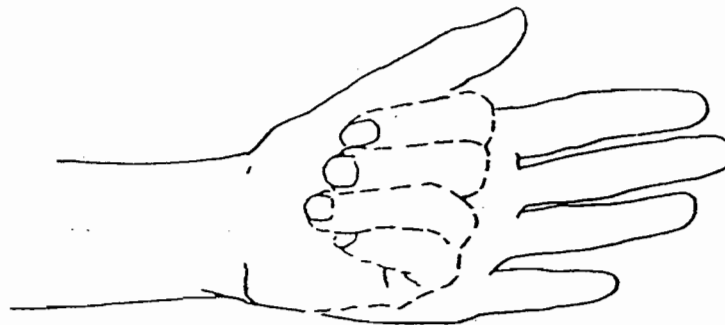
FINGER - 35

Flexor Tendon Gliding (Active Straight Fist)

Start with fingers straight, bend knuckles and middle joints.
Keep fingertip joints straight to touch base of palm.

Repeat 10 times. Do 2 sessions per day.

Copyright VHI 1993



FINGER - 37

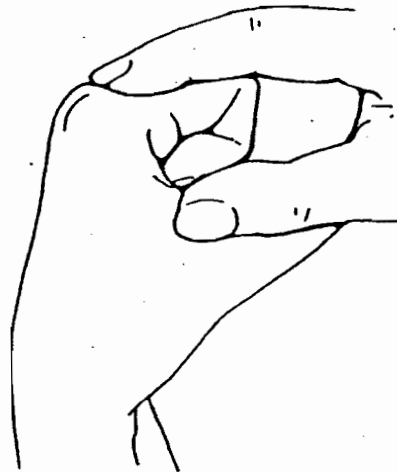
MP / PIP / DIP Composite Flexion (Passive Stretch)

Use other hand to
bend all finger
at all three joints.

Hold 5 seconds.

Repeat 10 times.

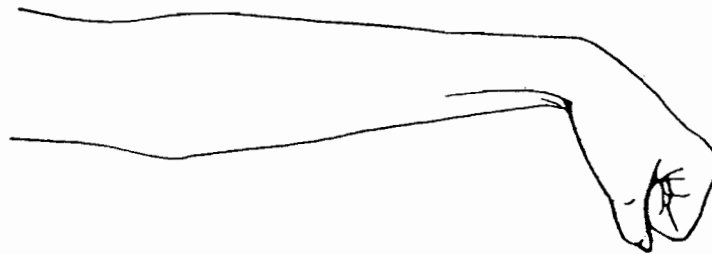
Do 2 sessions per day.



Copyright VHI 1993

FINGER - 38

Composite Flexion (Active Extensor Stretch)



Curl fingers into fist, bend wrist down and straighten elbow.

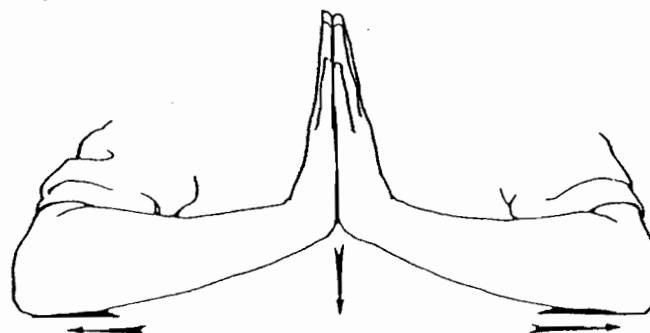
Hold 5 seconds.

Repeat 10 times. Do 2 sessions per day.

Copyright VHI 1993

FINGER - 39

Composite Extension (Passive Flexor Stretch)



Sitting with elbows on table and palms together, slowly lower wrists to table until a stretch is felt. Be sure to keep palms together throughout stretch. Hold 5 seconds. Relax.

Repeat 10 times. Do 2 sessions per day.

Copyright: VHI 1993

Copy
bno
Sherry
1/1/93

Evidence E.O.P FOR
Appointment of cause/

EXHIBIT B

California Medical Facility

CASE MANAGER PROGRESS NOTE for **Bipolar I Disorder**

Department of Corrections and Rehabilitation

Number	F11343	Last	Walker	First	Jeffery	House	L-314S	Date	12/6/06	CMF
--------	--------	------	--------	-------	---------	-------	--------	------	---------	-----

The Controlling Axis I Diagnosis for this patient is:

Bipolar I Disorder, Most Recent Episode Depressed, Severe with Psychotic Features

Axis II

Paranoid Personality Disorder

Previous Suicide Attempts ☒ YesNumber of Previous Attempts **Axis III**Year of Last Attempt

Pandering

Keyhea Expires Release Date

Grand Bipolar Score	27
Partial Bipolar Score	

Current Problem List	Current Status	Risk Assessment
----------------------	----------------	-----------------

Hypomania

Remains the same

Suicide Low

Paranoia

Appears to be getting worse

Aggressive Low

Suicidal Threats

Denies current suicide ideation

Self Injury Medium

Spell check

Reason Seen Consult Date Seen

Unpredictable Low

Plan from last MH-2

Because of inmate's hypomania, paranoia, and threats to cut his wrists he should be considered for Keyhea in the future if he acts on his threats or otherwise meets Keyhea criteria. He was changed from CCCMS to GP on 7/3/06 but will be changed back to CCCMS per 11/22/06 IDTT decision. According to the NP he is no longer in need of OHU so will probably transfer soon to a CCCMS LOC unit.

Subjective

Patient returned to I-3 from L-3 on 12/3/06. He reported the following sxs as a result being double-celled: increased anxiety, shortness of breath, & flashbacks. He stated, "I'm like a time bomb", when reporting his emotional state. He reported AH that told him to get celled before he gets to him; but stated that he may harm self first. He felt as though he was in harm's way because of family member in law enforcement & testimonial against custody staff in previous legal case. Also, endorsed having ESP as per "God's blessing."

Objective

Patient was casually dressed & neatly groomed. He was ambulatory; slender. He was cooperative & communicative. Mild psychomotor agitation noted. Speech rate, rhythm, & volume were WNL. Mood was dysthymic, affect was tearful, anxious. Thought content was on housing issues & safety; thought process was circular & illogical, but directable. Insight & judgment appeared to be poor. Patient denied any SI, endorsed possible harm to self, & maybe celled. Endorsed AH; denied VH.

Assessment

Patient was oriented X3. He appeared to be more distressed & hypervigilant than at interview a few days ago. He was interviewed by Dr. McCarver & this writer. Referral to an Intermediate LOC Facility was considered, but not needed given patient's claim that he would harm self before others if not in single cell. At this time, he continues to not seem appropriate for CCCMS LOC.

Plan

Referred to Dr. James for medication evaluation. Patient refused medication. He will be referred to EOP LOC with temporary single cell until patient can be stabilized enough to return to CCCMS LOC.

EducationDate Arrived on Wing Clinician *Ch. Mitchell Page*

CASE MANAGER PROGRESS NOTES

MH 3

CCCMS

CDC# Last First DOB Institution Eth House Date Printed

Confidential Patient/Client Information

Department of Corrections

State of California

California Medical Facility

CASE MANAGER PROGRESS NOTE

Department of Corrections and Rehabilitation

for
Bipolar I DisorderNumber **F11343** Last **Walker** First **Jeffery** House **G-311L** Date **12/1/06** CMF**The Controlling Axis I Diagnosis for this patient is:**

Bipolar I Disorder, Most Recent Episode Depressed, Severe with Psychotic Features

Axis II
Paranoid Personality Disorder

Previous Suicide Attempts	Yes	Number of Previous Attempts	4
Year of Last Attempt		2006	

Axis III

Pandering

Keyhea Expires Release Date
1/10/15

Current Bipolar Score	27
Previous Bipolar Score	

Current Problem List**Current Status****Risk Assessment**

Hypomania

Appears to be getting worse

Suicide Low

Paranoia

Appears to be getting worse

Aggressive Low

Suicidal Threats

Denies current suicide ideation

Self Injury Medium

Spell
CheckReason Seen **Consult** Date Seen **12/1/06**

Unpredictable Low

Plan from last MH-2

Because of inmate's hypomania, paranoia, and threats to cut his wrists he should be considered for Keyhea in the future if he acts on his threats or otherwise meets Keyhea criteria. He was changed from CCCMS to GP on 7/3/06 but will be changed back to CCCMS per 11/22/06 IDTT decision. According to the NP he is no longer in need of OHU so will probably transfer soon to a CCCMS LOC unit.

Subjective

Consult requested by Unit ICC2 Prebula. Patient stated that he arrived at I-1 this afternoon & found that his 'S' suffix had been removed. He reported that he had single cell due to hx of violence toward cellee as result of "inappropriate touching" by a cellee in 1994. He attempted suicide & later became violent toward all celled. He stated that he has thoughts of harming his cellee, but doesn't want to hurt him. He feels angry, depressed, irritable, intrusive thoughts of past assault, & paranoia regarding current situation have increased.

Objective

Patient was casually dressed & neatly groomed. He was ambulator; slender. He was cooperative & communicative. No psychomotor agitation noted. Speech rate, rhythm, & volume were WNL. Mood was dysthymic, affect was tense, anxious. Thought content was on single cell needs; thought process was circumstantial, but directable. Insight & judgment appeared to be poor. Patient denied any SI, endorsed desire to harm cellee. No VH/AH endorsed or observed.

Assessment

Patient was oriented X3. He presented as distressed & hypervigilant. He is unpredictable per his report & presentation. As patient had just arrived to CCCMS, he had not yet received an interview or assessment by the team. At this time, he doesn't appear to be appropriate for placement in CCCMS; but requires a higher LOC.

Plan

Custody officers, CC2 Prebula & CC1 Haley, were advised & agreed to move patient to higher level of care. Patient was moved to EOP status for further evaluation & determination of appropriate housing needs.

EducationDate Arrived
on Wing **6/26/06**Clinician **Mitchell**CASE MANAGER PROGRESS NOTES
MH 3

GP

CDC# **F11343**Last **Walker** First **Jeffery**DOB **9/18/63** Institution **CMF**Eth **Bla** House **G-311L**

Confidential Patient/Client Information

Department of Corrections

Date Printed
12/1/06

State of California

California Medical Facility

CASE MANAGER PROGRESS NOTE for **Bipolar I Disorder**

Department of Corrections and Rehabilitation

Number	F11343	Last	Walker	First	Jeffery	House	G-311L	Date	12/1/06	CMF
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The Controlling Axis I Diagnosis for this patient is:

Bipolar I Disorder, Most Recent Episode Depressed, Severe with Psychotic Features

Axis II

Paranoid Personality Disorder

Previous Suicide Attempts ☒ YesNumber of Previous Attempts **Axis III**Year of Last Attempt

Pandering

Keyhea Expires Release Date Current Suicide Score
Previous Suicide Score **Current Problem List**

Hypomania

Current Status

Appears to be getting worse

Paranoia

Appears to be getting worse

Suicidal Threats

Denies current suicide ideation

Risk Assessment

Suicide Low

Aggressive Low

Self Injury Medium

Unpredictable Low

**Spell
Check**Reason Seen Consult Date Seen **Plan from last MH-2**

Because of inmate's hypomania, paranoia, and threats to cut his wrists he should be considered for Keyhea in the future if he acts on his threats or otherwise meets Keyhea criteria. He was changed from CCCMS to GP on 7/3/06 but will be changed back to CCCMS per 11/22/06 IDTT decision. According to the NP he is no longer in need of OHU so will probably transfer soon to a CCCMS LOC unit.

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Assessment

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Plan

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EducationDate Arrived on Wing Clinician 

CASE MANAGER PROGRESS NOTES
MH 3

Confidential Patient/Client Information

Department of Corrections

GP

Date Printed

CDC# Last First DOB Institution Eth House

CAMEDICAL FACILITY

Jeffery Walker F11343
CMF P.O. BOX 2000
Vacaville CA 95696-2000

RECEIVED

FEB - 1 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

U.S. Court House

450 Golden Gate Ave

San Francisco CA 94102-3488

Federal

Mail

